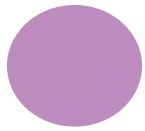


**Kingston Child and Adolescent  
Mental Health Partnership**



**Child and Adolescent Mental  
Health Services  
Strategy**



**2009-2012**



**Partnership Approach to the development of comprehensive  
Child and Adolescent Mental Health Services  
(CAMHS) in Kingston**



# Child and Adolescent Mental Health Services (CAMHS) Strategy

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## Foreward

The emotional well-being of children and young people is of crucial importance in making sure that they achieve their full potential in life. Emotional difficulties and mental health problems in children and young people are associated with educational failure, family disruption, self harm, offending and anti-social behaviour. Untreated emotional difficulties and mental health problems create distress, not only in children and young people, but also for their families, carers and the wider community. This can continue into adult life and affect the next generation.

On the other hand building emotional resilience in children and young people is one of the keys to success in life. We aim to ensure that children and young people will be active confident learners, who can face challenges and change, who learn how to control their own behaviour and know how to relate positively to others. This is about all children and young people.

The CAMHS (Child and Adolescent Mental Health Services) Commissioning Strategy sets out our priorities for improving the emotional well being and mental health of children and young people in Kingston. The CAMHS Commissioning Group has overseen the development of the strategy and this group reports directly to the Children's Trust Board, which includes partners representing the Mental Health Trust, the Primary Care Trust, Kingston Hospital, schools, other agencies and the Local Authority.

All of the partners are committed to this strategy for improving the mental health and well being of children and young people. The focus of our approach is now on preventative services that are child and family focussed that engage earlier in a non-stigmatising way. All schools and other settings should be good at promoting emotional well being. Parents and carers are entitled to support in developing the emotional resilience of their children. In addition the need for timely, effective and accessible services that are shaped by service users is of crucial importance.

Much of the groundwork for improving CAMHS in Kingston is now underway and the production of this commissioning strategy reflects the partnership arrangements and inter-agency work that is essential to achieving an effective and comprehensive range of services.

We aim to ensure that we adapt our services to meet the needs of children, young people and families. We believe that the emotional well being and mental health of children and young people is everyone's business. Our vision is for all children and young people in Kingston to enjoy good emotional and mental health as one of our key priorities.



**Patrick Leeson**  
**Strategic Director of Learning and Children's Services**  
**Royal Borough of Kingston upon Thames**

## Introduction

The emotional well being and mental health of children and young people is everybody's business.

This Commissioning Strategy for Comprehensive CAMHS (Child and Adolescent Mental Health Services) in Kingston is the result of a review undertaken on behalf of the Children's Trust Board. The Strategy provides a framework for the development of services in Kingston, which focus specifically on the emotional well being and mental health of children and young people.

This Strategy sets out:

- Our vision for child and adolescent mental health services.
- Our commissioning priorities
- The policy, guidance, and legislation.
- The scope of a 'comprehensive' service.
- Information about the current situation in Kingston.
- Our values and principles
- Our approach to service development.

This is a three- year commissioning strategy with annually updated Action Plans.

## Our Vision in Kingston

In line with our vision of wanting all children and young people in Kingston to enjoy good mental health we have developed key aims for CAMHS. These aims have taken account of the guidance on a comprehensive CAMH Service, the mapping of services currently provided and a self assessment carried out in Kingston of our capacity to deliver a locally responsive service. We aim to:

1. Promote mental health and increase resilience in all children and young people
2. Ensure earlier identification of children and young people exhibiting emotional problems so that they are able to access appropriate services at the appropriate level
3. Ensure the involvement of children and young people in the planning, development and evaluation of services
4. Deliver services in community based settings
5. Integrate services working in partnership to meet the mental health needs of children and young people and their wider needs
6. Deliver services that are appropriate to our diverse borough
7. Target services to meet priority needs
8. Provide services by staff with an appropriate range of skills and competencies
9. Improve access to multi – agency and specialist services for children and young people with established or complex mental health needs

## Principles and Values

We want our CAMHS to be amongst the best, with clear values that we demonstrate in all our activities. We believe working to the following values and principles, as noted in the Children and Young People's Plan, will demonstrate our commitment to improving all that we do.

### **Children and young people's best interests come first**

Our services will be child/ young person focused and we will respect their views and feelings. Our services will be built around their needs and will be delivered in a way that is accessible and welcoming.

### **A voice for children and young people**

We will involve children and young people in decisions and processes that affect their lives and ensure a wide cross-section of young people are involved. We will use best practice including Young Minds Putting Participation into Practice<sup>1</sup>

### **We value families / carers**

We will ensure that families / carers have opportunities to play an effective role in the design and delivery of services.

### **Services should be based on evidence of their effectiveness and quality**

Services will be based on best practice and methods that have been proved effective, allowing scope for innovation.

### **Services will be fair and inclusive and will not discriminate**

Services will be sensitive to the individual needs of every child, young person and family, taking full account of their race, ethnicity, language, religion, gender, sexual orientation, ability, disability, age and social class.

### **Services will be co-ordinated**

CAMHS provision to children, young people and their families / carers will be holistic and co-ordinated so that wherever possible co-ordinated packages of support are provided by all relevant agencies for children and young people and their families / carers.

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<sup>1</sup> Young Minds PUTTING PARTICIPATION INTO PRACTICE A guide for practitioners working in services to promote the mental health and well-being of children and young people 2005

## Why is CAMHS Important?

Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour, placing significant demands on families, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation.

- Nearly 10% of children and young people aged 5-16 have a recognisable mental health problem. A greater number are at risk.
- In an average secondary school of 1000 pupils expect 201-50 pupils to develop serious mental health problems
- 60% of children in care aged 13-16 report depression as an issue
- Mental health problems in children are associated with a range of social and educational problems.
- Unresolved problems in childhood and adolescence may also continue in and throughout adult life.
- More effective support for children, young people and families is needed to reduce the impact of mental health problems on them and their families.

It is important to recognise that supporting children and young people with mental health problems is not just the responsibility of specialist services. Children's emotional well being and mental health are everybody's business and every parent, teacher and other worker involved with children and young people are in a position to enhance their resilience, by responding to social, emotional or behavioural issues as they arise. Early intervention and prevention can make a real difference, and coordinated support will help to ensure problems do not become more complex. Schools that are good at promoting emotional well being and have sensitive approaches to addressing emotional and behavioural difficulties make a real difference.

## What is CAMHS?

In this commissioning strategy the term CAMHS is used as a broad concept embracing all services that contribute to the emotional well being and mental health care of children and young people, whether provided by health, education, social services or other agencies. CAMHS is usually described in a four tier framework. It is important to stress, that whilst the framework is a useful conceptual tool, it should not be seen as something constraining or limiting. Neither services nor people will fall neatly into tiers and nor should they. Similarly, there is a misconception that a child or young person will move up and down through the tiers as their condition is recognised as more complex. In reality, there will be some children and young people that may require services from a number, or even all of the tiers, at the same time.

## The National CAMHS Review

The National CAMHS Review was published in December 2008. It recommends three fundamental changes:

1. Everybody needs to recognise and act upon the contribution they make to supporting children's mental health and psychological well-being. And they need to recognise the contribution others make. For parents and carers, this means helping them to understand the importance of psychological well-being in their child's life, and what they can do to promote this.
2. Local areas have to understand the needs of **all** their children and young people – at population and individual level – and engage effectively with children, young people and their families in developing approaches to meet those needs. For parents, carers, children and young people, this means being listened to, knowing what is available and being able to access help quickly and in places they choose to go to.
3. The whole of the children's workforce needs to be appropriately trained and, along with the wider community, well informed. For practitioners, this involves having access to the best evidence and knowledge on improving outcomes for children and young people. For parents, carers, children and young people this means having the confidence that the people they are in daily contact with, as well as specialists, understand about mental health and psychological wellbeing and what works best if things go wrong.

### **We support the vision in the CAMHS Review:**

Everybody will recognise the part they can play in helping children grow up, have a good understanding of what mental health and psychological wellbeing is and how they can promote resilience in children and young people, and know where to go if they need more information and help.

Children's services will work effectively together to provide well integrated child- and family-centred services to improve mental health and psychological well-being.

- Universal services will play a pivotal role in promotion, prevention and early intervention
- Specialist services will deliver support that is easy to access, readily available and based on the best evidence.

Staff across these services will have a clear understanding of their roles and responsibilities and those of others, and will have an appropriate range of skills and competencies.

## The implications of these changes for children, young people and their families are that:

### 1. All parents, carers, children and young people should have:

- A more positive understanding of mental health and psychological well-being as a result of national media activity
- Up-to-date information, in a range of formats, about mental health and psychological well-being and what services are available locally to help them
- Good telephone and web-based help and advice
- Confidence that staff in the services they use every day: understand child development and mental health, actively promote strong mental health and psychological well-being, use language that they understand, take them seriously, can identify needs early, can help their child and can draw on support from others to make sure needs are addressed.

### 2. Children and young people who **need more specialised support**, and their parents and carers, should have:

- A high-quality and purposeful assessment, which informs a clear plan of action and which includes, at the appropriate time, arrangements for support when more specialised input is no longer needed
- A lead person to be their main point of contact, making sure other sources of help play their part, and co-ordinating that support
- Clearly signposted routes to specialist help and timely access to this, with help available during any wait
- Clear information about what to do if things don't go according to plan.

### 3. Children and young people and their families who are **vulnerable** (such as children in care, children with disabilities and children with behavioural, emotional and social difficulties) should be confident that, in addition to the above:

- Their mental health needs will be assessed alongside all their other needs, no matter where the need is initially identified
- An individualised package of care will be available to them so that their personal circumstances, and the particular settings in which they receive their primary support, appropriately influence the care and support they receive
- For those experiencing complex, severe and ongoing needs, these packages of care will be commissioned by the Children's Trust and delivered, where possible, in the local area.  
Effective
- Regional and national commissioning will occur for provision to meet rare needs.

4. Young adults who are **approaching 18** years of age and who are being supported by CAMHS should, along with their parents and carers:

- Know well in advance what the arrangements will be for transfer to adult services of any type, following a planning meeting at least six months before their 18th birthday
- Be able to access services that are based on best evidence of what works for young adults, and which have been informed by their views
- Have a lead person who makes sure that the transition between services goes smoothly
- Know what to do if things are not going according to plan • have confidence that services will focus on need, rather than age, and will be flexible.

### **The National CAMHS Review proposes a new local Board with the following remit:**

The remit of the proposed local board for children's mental health and psychological well-being (or equivalent) should be to inspire, lead and inform local efforts to improve children's mental health and psychological well-being. This should include ensuring effective commissioning of high quality services, improving access, overseeing implementation and service improvement, and monitoring practice and outcomes.

The board should be responsible for ensuring that there is an assessment of the mental health and psychological well-being needs of local children for the Children and Young People's Plan. It should also oversee the impact of the strategic approach to improving outcomes for mental health and psychological well-being, as set out in the Children and Young People's Plan.

The existing CAMHS Commissioning Group, chaired by the Strategic Director of Learning and Children's Services, will adopt this remit. It will:

- Provide leadership and empower parents and young people
- Promote emotional well being and invest in more effective prevention and early intervention
- Ensure specialist help is available for children, young people and families
- Ensure the delivery of a needs led service which is flexible and responsive, especially in relation to the needs of vulnerable groups
- Provide support and commission training for people who work with children and young people
- Commission and deliver as a unified service
- Monitor progress through data and feedback from services, schools, children, young people and families

## Key Commissioning Objectives

The following are our **Key Commissioning Objectives**:

1. Develop high quality universal services to improve the mental health and wellbeing of children and young people
2. Ensure that all services for children and young people are high quality, friendly and non-stigmatising
3. Develop high quality evidenced based therapeutic interventions across all tiers
4. Ensure high quality comprehensive services for all vulnerable groups are accessible and as close to home as possible
5. Improve provision so that the needs of children and young people with highly complex needs are effectively met
6. Improve engagement with black and minority ethnic groups including asylum seekers and refugee families

## Implementation and Monitoring

The CAMHS Commissioning Board has lead responsibility for delivering comprehensive Child and Adolescent Mental Health Services, reporting directly to the Children and Young People's Trust Board and working within the scope of the Children and Young People's Plan.

To support our commissioning objectives the following structures and processes will be put in place:

- We will develop an Action Plan for the next 3 years
- We will develop a wider CAMHS stakeholder forum that will come together on a quarterly basis to inform commissioning decisions, share best practice and learn from the experiences brought
- The priorities and principles set out in this strategy will form the basis of a joint commissioning plan
- We will ensure that the commissioning process is adequately resourced and that performance management frameworks are in place for all areas
- We will continue to commission services on a partnership basis and in the context of the agreed CAMHS strategy
- We will ensure that the infrastructure for services such as administrative support and appropriate office and clinic space are in place
- We will monitor and review all services in line with evidence based practice

## Our commissioning priorities are to:

1. Improve earlier intervention and access to CAMHS and support all schools and other settings to be good at promoting emotional well being
2. Provide more training and support for teachers, GPs and other staff in the children's workforce on promoting emotional well being and resilience, and awareness of mental health problems
3. Continue to develop early intervention through the Family Advice and Support Service
4. Improve user involvement and engagement so that services are better matched to the needs of individuals and are better coordinated
5. Evaluate and map the various counselling services provided in schools, their uptake and protocols to co-ordinate these with other tier 2 services
6. Improve engagement with black and minority ethnic groups including asylum seekers
7. Improve support for young carers
8. Improve support for children and young people witnessing domestic violence
9. Ensure substance misuse is addressed as a core part of the role by all CAMHS staff
10. Improve the accessibility of mental health services in community settings and reduce their stigmatising nature as perceived by some young people and families
11. Improve the co-ordination of support for children with learning disabilities
12. Improve support for foster carers to enable them to promote children's emotional well being and mental health
13. Improve the multi-agency approach to ensure more consistent and coordinated support is provided for children and young people with complex, severe and persistent behavioural and mental health needs
14. Improve the wider educational, social and personal support for children and young people with mental health problems
15. Ensure the child specific continuing care protocol is implemented in line with national guidelines
16. Develop an integrated framework of outcome measures for children and young people which will be used consistently by all the Services
17. Improve capacity in the Youth Offending Service to continue to meet screening, assessment and referral target timescales and to provide a fully integrated response to young offenders with emerging or significant mental health needs
18. Identify gaps and improve preparation for transition to adult services

19. Enhance Children's Centres and Early Years ability to identify and respond to the emotional mental wellbeing of children and young people
20. Enhance capacity of Integrated Youth Support Service to provide Tier 1 and where appropriate Tier 2 interventions to young people through integrated provision

**In addition it is a priority to ensure we continue to meet the requirements of the National Indicator 51 – Effectiveness of Child and Adolescent Mental Health (CAMHS) Services which requires by 31 January 2009:**

- A full range of early intervention support services delivered in universal settings and through targeted services for children experiencing mental health problems commissioned by the Local Authority and PCT in partnership.
- All 16 and 17 year olds from the Local Authority and PCT area who require mental health services have access to services and accommodation appropriate to their age and level of maturity
- Arrangements in place for the Local Authority and PCT area to ensure that *24 hour cover* is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated.
- A full range of CAMHS services for children and young people with *learning disabilities* commissioned for the Local Authority and PCT area.

## Outcome Measures

1. All member organisations of the Children and Young People's Partnership will recognise the part they play in helping children and young people to have a good understanding of what mental health and psychological wellbeing is, and how they can use that knowledge to promote resilience, and support and signpost young people when they need more help.
2. For all children and young people receiving a Tier 2 and above service there will be a reduction in the impact of mental ill health on their capacity to succeed as an individual and enjoy life opportunities.
3. Services for those with complex needs will work together to develop integrated assessment and care pathways that contribute to supporting and empowering the child/young person and their carer.
4. There will be evidence that services have developed in response to consultation with children and young people.
5. There will be evidence that minority groups do not experience inequalities in their access to services or their treatment
6. Services will work together to develop integrated care pathways that support the children and young people in the most appropriate setting.

# The National CAMHS Review: Summary of Effective CAMHS Services

## Awareness

- More awareness in children's centres, schools, colleges and GP practices about mental health; how to promote it and how to deal sensitively with issues that arise

## Trust

- Opportunity to build a trusting relationship with a known member of staff in schools, so that problems can be shared and discussed
- Regular contact with the same staff in targeted and specialist services
- Clarity over confidentiality arrangements

## Accessibility

- Services in convenient places
- Information and advice available in a range of relevant formats and media
- Single point of entry to specialist mental health services
- Age-appropriate services

## Communication

- Being listened to and given individual attention, whichever service you are dealing with
- Being spoken to in a straightforward way, with no technical jargon

## Involvement

- Being valued for the insight and experience you bring
- Opportunity to discuss what services and interventions are available

## Support when it's needed

- Services that are available when the need first arises, not when things reach crisis point
- Services that stay in touch after support or treatment has finished and follow up any problems

## Holistic approach

- Services that think about you as an individual; for example, providing help with practical issues and addressing your physical health as well as your mental health

## Child and Adolescent Mental Health Services in Kingston

The following is a brief description of each of the CAMHS services in Kingston and how they fit into each tier.

<b>Tier 1: Mental Health Promotion and Early Intervention</b>		
<p>CAMHS at this level are provided by professionals working in universal services and primary care who are in a position to identify mental health problems early in their development and offer general advice. They can also pursue opportunities for mental health promotion and prevention. Such staff include GPs, health visitors, school nurses, social workers, teachers and youth workers.</p> <p>They need to have sufficient knowledge of children's mental health to be able to identify those who need help; offer advice and support to those with mild or minor problems; and have sufficient knowledge of specialist services to be able to refer on when necessary.</p>		
<b>Service</b>	<b>Who works with:</b>	<b>Services offered:</b>
School Nurses Connexions advisors Healthy Schools Kingston Carers Network teachers Family support service Welcare & Home start KU19 clinics	All children and young people and parents	Parenting Anti bullying policies Social and Emotional Aspects of Learning (SEAL) in Curriculum Advice, drop in, texting and email support
<b>Tier 2: A service provided by specialist individual professionals relating to staff who work directly with children</b>		
<p>CAMHS at this level are provided by professionals relating to workers in primary care. Such professionals include clinical child psychologists, paediatricians, educational psychologists, child and adolescent psychiatrists, child and adolescent psychotherapists, community nurses and family therapists. They should offer training and consultation to other professionals, consultation to children, young people and their families / carers, outreach and assessment.</p>		
<b>Service</b>	<b>Who works with:</b>	<b>Services offered:</b>
FASS	Professionals requesting involvement. Families as appropriate	Consultation & advice. Direct work as appropriate. Training to professionals on mental health issues
YOT clinical psychology	Young people Their families YOT team	Assessments and Reports for court. Mental health initial assessments Consultations & advice
LAC therapist	LAC social workers, Foster carers Link worker Young people	Consultation & advice especially promoting placement stability. Therapeutic work with young people

Girls worker in LAC team	Young people Their families Their carers	Case holding social worker offering extra support for fragile/vulnerable young people
CWD Clinical Psychology	Children & families who are referred by social worker in CWD team Social workers Carers	Assessments Interventions Consultation and Advice
Maple Clinical Psychology	Children & families who are referred by Maple CDT	Assessments Interventions Consultation and Advice
Paediatrics Clinical Psychology	Children & families who are referred by Paediatrics Dept staff	Assessments Interventions Consultation and Advice
Community Paediatrics	Children & families with wide range of developmental, physical and behavioural problems	ASD assessments for children usually under 8 years old with speech & language and/or developmental delay. ADHD assessments for children with few concerns about co-morbid behaviour/emotional problems

**Tier 3 A specialised multi-disciplinary service for more severe, complex or persistent disorders.**

This tier is the more specialist service providing for children, young people and their families / carers who have more severe, complex or persistent disorders. It should offer assessment and treatment, contribute to consultation and training at Tiers 1 and 2 and make assessment for referrals to Tier 4. A range of professionals make up the service including clinical child psychologists, child and adolescent psychiatrists, child and adolescent psychotherapists, nurses, occupational therapists, speech and language therapist, art, music and drama therapists and family therapists.

<b>Services</b>	<b>Who works with :</b>	<b>Services offered:</b>
Woodroffe Family Adolescent and Child Team	Children & families referred by eligible professional. Must have Kingston PCT GP	Assessment & treatment of all mental health conditions. Offer wide range of interventions. ASD assessments for children usually over 4 years old – not global delay: may have other emotional/behavioural problems. ADHD assessments for those with complex profile of behaviour Psychiatric emergencies DSH assessments at Kingston Hospital.
Multi Systemic Therapy (MST)	Young people & families where there is risk of needing a placement	Intensive time-limited intervention.
Early Intervention Service (EIS)	Young people & their families/carers with psychotic illness.	Range of interventions, usually co-working with Tier 3 FACT team.

**Tier 4 Highly Specialised Services such as day units, highly specialised out-patient teams and in-patient units.**

These services offer further specialism and are usually provided on a basis wider than one borough. They include child and adolescent in-patient units, secure forensic units, eating disorder units, specialist teams (e.g. for sexual abuse or neuro-psychiatric problems) They have professional input from the full range of staff mentioned in Tier 3. There are some national services at Tier 4 level which are needed on a very occasional basis to help with a Kingston child and so are not listed here.

The prevalence of severe mental health disorder in children and young people is significant though relatively rare. It includes severe eating disorders, psychoses and major depression, with incidence increasing during adolescence. Tier 4 CAMHS refers to the highly specialised provision that may be required by these children and young people.

<b>Services</b>	<b>Who works with :</b>	<b>Services offered:</b>
Adolescent Resource Centre	Young people & families referred by a child psychiatrist	Intensive outreach and/or Hospital admission with a range of interventions.
Wisteria ward	Young people & their families referred from tier 3 because of a serious eating disorder.	Hospital admission Intensive packages with range of interventions.

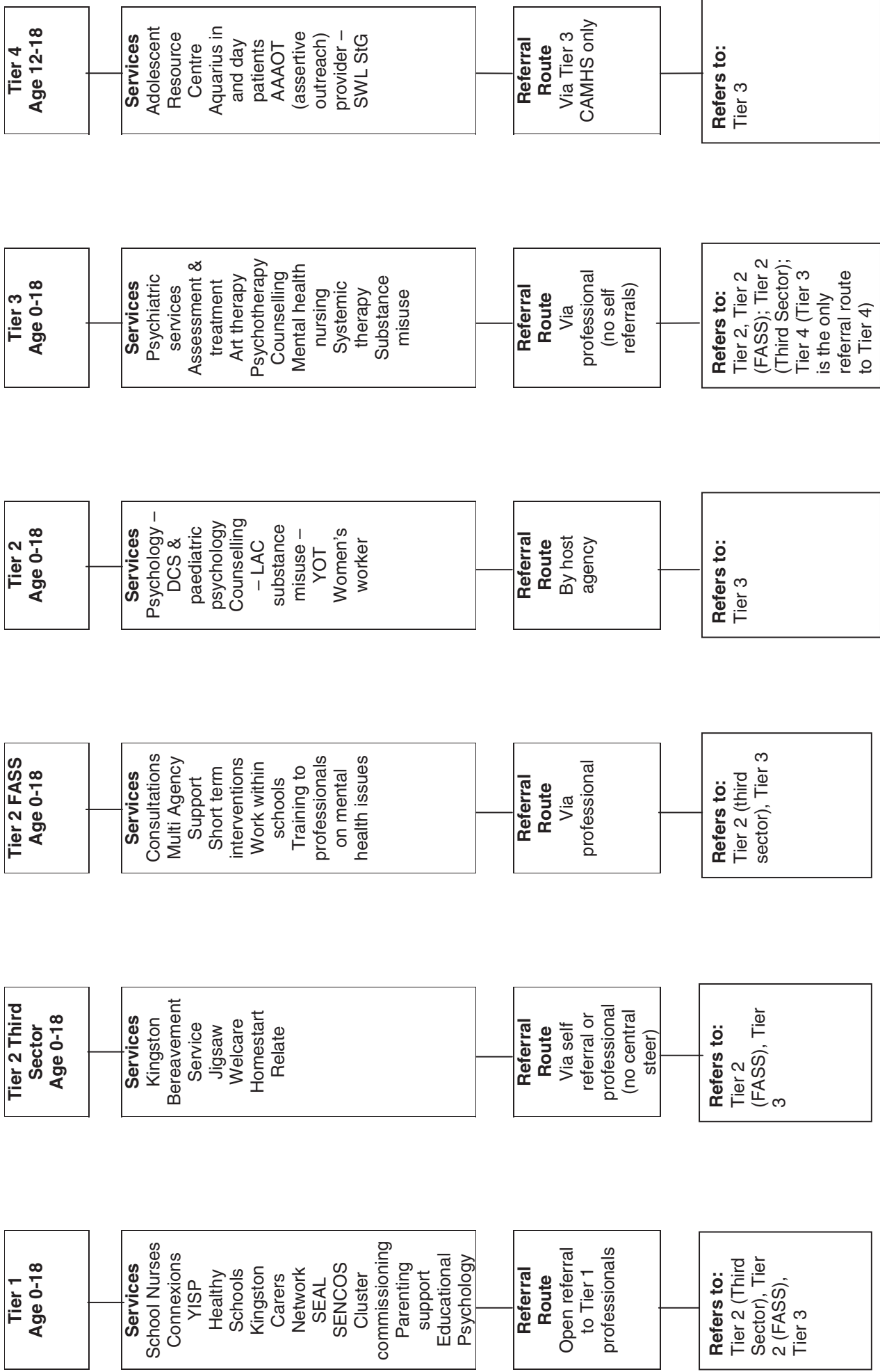
All Tier 2 services will act as a bridge to accessing Tier 3 either where initial brief intervention has not resolved the difficulties or when the young person may need initial work to help then to accept specific mental health services.

There is flow of children between the different tiers so that services offered are planned in response to need at that point in time. Below are two flow charts the first showing how all services in the different tiers link together and the second providing more detail on how this may work in schools.

The criteria for referral to CAMHS are shown in detail on page 18.

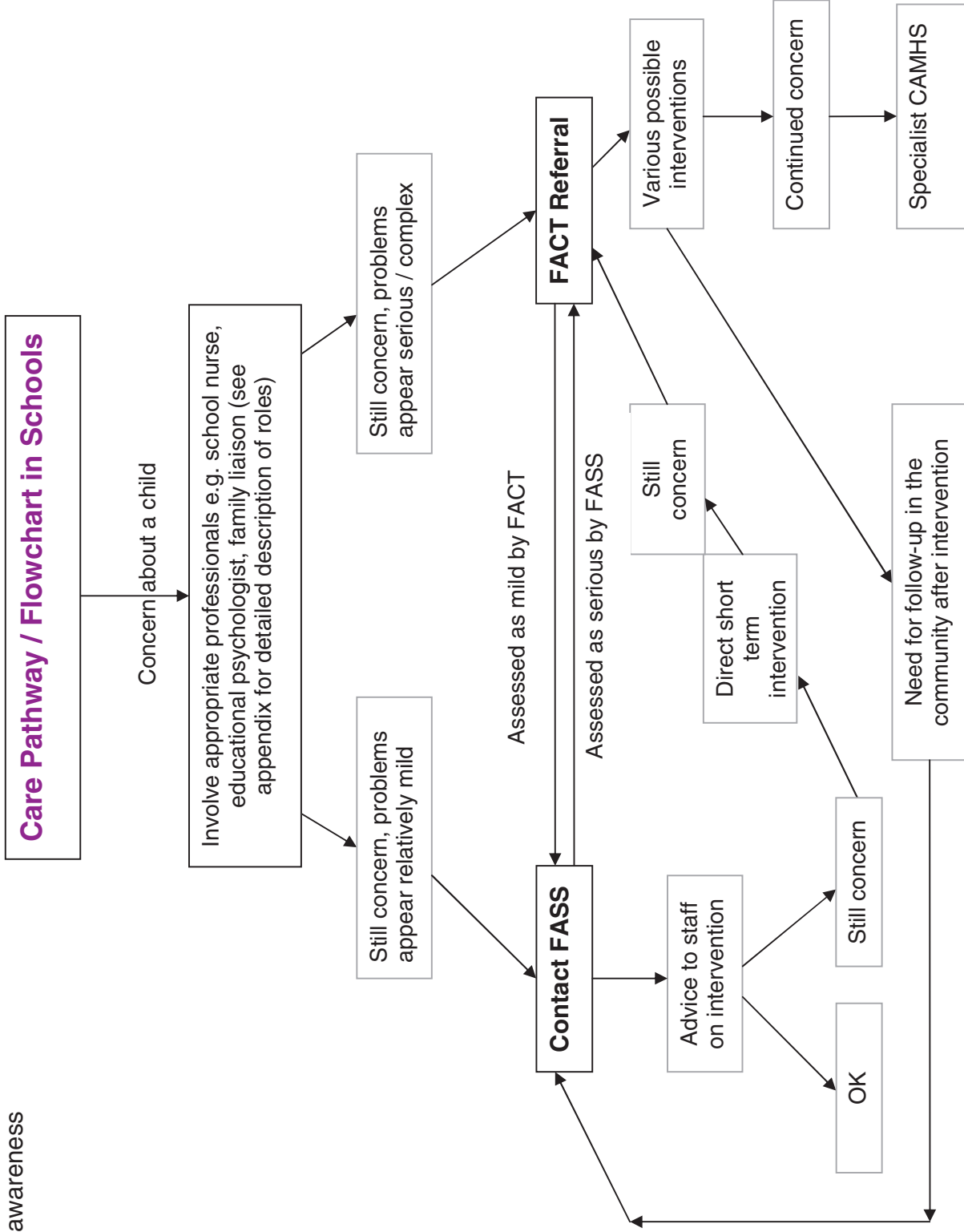
Substance Misuse services are provided separately and there is considerable overlap in the work of these services; a Substance misuse worker is based within the FACT team (see below) which helps the collaborative working to the benefit of the young people.

## Referral Route Via Tiered CAMHS Services



The referral pathways between all tiers of CAMHS service except tier 4 specialist services flow both ways with referrals able to be made up and down as indicated by the needs of the service user

1. SEAL in place
2. Staff trained in Mental Health awareness



## Criteria for Referral to CAMHS

This section is for professionals seeking the involvement of Child and Adolescent Mental Health Services (CAMHS) which includes Woodroffe Family Adolescent and Child Team (FACT), the Family Advice and Support Service (FASS) and other CAMHS services such as those working with looked after children, children with disabilities, paediatric patients or supporting young offenders.

**Section 1** clarifies the criteria for referring to Woodroffe FACT or requesting consultations and possible direct, short-term work with the FASS.

**Section 2** contains examples of tier 2 and 3 disorders.

**Section 3** provides information about the Social Communication Clinics at Maple Children's Centre and at Tier 3.

**Section 4** refers to other CAMHS services: Community Paediatrics and Tier 3 CAMHS.

It would be usual practise for professionals to personally meet the child before seeking involvement from CAMH services. It is assumed that all professionals working with the family or child will access universal interventions such as general advice about behaviour management, parenting and support around transitions e.g. from Health Visitors, and the Supporting Families Service.

### Section 1

<b>FASS</b>	<b>Woodroffe FACT</b>
The FASS team works with any professionals working in the Royal Borough of Kingston Upon Thames, or with those working with children and young people who attend school or live in the borough (including 18 year olds). Requests for involvement are accepted from any professional.	Woodroffe FACT provides services to all children whose GP is within Kingston Primary Care Trust up to their 18 <sup>th</sup> birthday. Referrals are accepted from GPs, health professionals, social workers, EPs, EWOs and similar professionals.
For issues that have developed recently and appear relatively mild then professionals should initially go to FASS (tier 2 CAMHS).	If there is a serious concern, or a specific disorder needing assessment, or a complexity of issues, then referrers should go directly to Woodroffe FACT (tier 2/3 CAMHS).
<b>FASS:</b> The Dukes Centre, Dukes Avenue, Kingston, Surrey, KT2 5QY 0208 547 6218	<b>Woodroffe FACT:</b> Woodroffe House, Tolworth Hospital, Red Lion Road, Surbiton, Surrey KT6 7QU 0208 296 1381 Referrals in writing providing details of the child's problems to the above address. Always include the GP's details

If in doubt professionals can telephone either service to clarify which is the most appropriate team to go to with any concern. The usual practice is for only one CAMHS team to be involved at any one time. There are separate targeted Tier 2 services for particular groups of children which can be accessed by the teams within which these CAMHS professionals are based.

## Section 2

<b>Cause for Concern</b>	<b>FASS/ Tier 2 (live in RBK or attend RBK school for FASS)</b>	<b>Tier 3 (the referred child must have a Kingston GP, be under 18 and need a specific mental health assessment or treatment, details below)</b>
<b>Depression/low mood</b>	Early evidence of mood disorders	Serious indicators of depression
<b>Self-harm</b>	Early evidence of suicidal and self-harming behaviour	Suicide attempt, suicidal ideation, repeated self-harm
<b>Eating disorders</b>	Early evidence of eating disorder	Weight loss, anorexic behaviour, bulimic pattern
<b>Anxiety disorders</b>	Early onset of anxiety disorders including phobias	Significant anxiety, especially OCD and severe/entrenched phobias
<b>ADHD</b>	Concern about attention span	Assessment for ADHD, treatment of ADHD, see notes below about interface with community paediatrics
<b>Behaviour problems</b>	Behaviour management problems, parent training	Not as sole reason for referral: Behaviour problems when part of complex set of problems or to assess for possible other conditions.
<b>Anger problems</b>	Anger management problems	Not as sole reason for referral: again seen when anger is part of complex picture or to assess possible other conditions
<b>Sleep problems</b>	Sleep problems	Not as sole reason for referral: again seen when sleep problems are part of complex picture or to assess possible other conditions
<b>Low self-esteem</b>	Self-esteem issues	Not as sole reason for referral: again seen when as part of complex picture or to assess for other conditions
<b>Substance Misuse</b>	Substance use/misuse (including alcohol) should go through the ID referrals system	Substance Misuse/alcohol should go through ID referrals system
<b>Eneuresis and Encopresis</b>	Issues related to Encopresis and Eneuresis following medical intervention	Not as sole reason for referral: again seen when eneuresis is part of complex picture or to assess possible other conditions
<b>Bereavement, loss and trauma</b>	Early sequelae from loss, bereavement, transition and abuse	For pathological grief reactions, PTSD, serious reactions to life events

<b>Divorce and separation</b>	Low impact mental health difficulties e.g. reaction to separation/ divorce	Not unless the reactions indicate a mental health disorder
<b>School based problems</b>	School focused concerns about mental health issues related to a child if other relevant support agencies not involved	Not unless there is evidence of, or need for assessment for mental health Problems
<b>Severe Learning Difficulties</b>	Children with severe learning difficulties if the request for help is about a specific difficulty, such as following a bereavement	Where there are concerns about possible mental health problems
<b>School Refusal</b>	School refusal where early evidence of a potential mental health issue has been identified and education support services have been involved	Not unless there is evidence of, or need for assessment for mental health problems
<b>Psychosis</b>	Not appropriate here	Assessment and treatment of all psychotic disorders
<b>Autistic Spectrum Disorder</b>	For advice about managing reactions to life and other such events specific situations	Assessment of children with normal language and intellectual development for autistic spectrum disorders, see note below re Maple / CAMHS criteria, packages of support around diagnosis, tailored interventions for disturbed behaviour.

### Section 3

#### Social Communication Clinics at Moor Lane Centre and Tier 3

The SCC team has good links with CWD, SEN and Kingston Hospital paediatrics and includes:

- Speech and Language Therapist
- Paediatrician
- Clinical Psychologist

#### Criteria for the Social Communication Clinic

- Usually under 8
- Concerns re: global delay/neurological issues
- Concerns re: speech and language delay/disorder
- Concerns re: general physical health

The CAMHS Social Communication Clinic team has good access to the Tier 3 CAMHS MDT for treatment packages such as for anxiety, obsessional behaviour and includes:

- Clinical Psychologists
- Child Psychiatrists

## **Criteria for CAMHS Social Communication Clinic**

- Usually 4 and over
- Differential diagnosis around psychiatric conditions
- Tend to have mild or no learning difficulties
- No significant concerns about speech and language

## **Section 4**

### **ADHD Services: Community Paediatrics and Tier 3 CAMHS**

Community Paediatricians see many children with a range of learning difficulties and problems with their attention span in their role in working with the Education department and schools; they do assess for and diagnose ADHD in some of these children. Others present with more complex profiles and require an assessment that considers multi-factorial issues around behaviour problems, the impact of learning needs and the family's responses to the child's profile of needs; these children need assessments within a multidisciplinary team to encompass the range of issues and skills and so need referral to tier 3 CAMHS for assessment. Ongoing work around behaviour, impulse control, focussing attention and so on can then be provided as appropriate by Tier 2 or 3 CAMHS clinicians.

### **Criteria for Community paediatrics ADHD assessment**

- Primary or secondary school age
- Issues focus around school work/ class room behaviour

### **Criteria for Tier 3 CAMHS ADHD assessment**

- Complex patterns of behaviour
- Interplay between different problems
- Concerns about how the family is coping with the child's needs

### **What Impacts on Mental Health?**

It is possible to identify factors that impact on child mental health:

- Risk factors are those that increase the child's probability of developing a problem
- Resilience Factors are those that protect the child from developing a problem

Resilience is considered to involve a child's:

- sense of self-esteem and confidence
- belief in one's own self-efficacy
- ability to deal with change and adaptation
- repertoire of social problem solving approaches

*More details about child, family and community based risk and resilience factors are provided in appendix 1.*

## What Promotes Mental Health and Resilience?

There is a good evidence base for the following interventions:

### 1. Promoting maternal mental health

- Identify & treat maternal depression whenever child presents with anxiety & depression/ conduct disorders
- Routine enquiry in pregnancy for Mental health disorders and treatment in line with NICE guidance<sup>2</sup>
- Screening and brief interventions effective in reducing harmful drinking in pre-natal settings
- Routine ante-natal enquiry for domestic violence

### 2. Improving Parenting skills in infancy and early childhood

- Universal programmes for common parenting problems & targeted programmes for high risk groups (including foster & adoptive parents & residential care workers) & for complex problems<sup>3</sup>.
- Addressing behavioural problems in infants and children<sup>4</sup>

### 3. Emotional health and well being

- Emotional literacy programmes in schools e.g. Social and Emotional Aspects of Learning (SEAL), Healthy Schools.
- Anti bullying strategies
- Integrated mental health promotion & substance misuse programmes are more effective than substance misuse programmes alone in improving behaviour & preventing bullying & violence.
- Improving physical health
- Early interventions to identify and address emotional problems and challenging behaviour

### 4. School or youth based programmes

- Opportunities for children to develop appropriate levels of independence and opportunities to succeed,
- Action to make volunteering the norm for young people
- Even in disrupted families, and following adverse and abusive experiences, children can develop resilience if they have some positive interactions and experiences, e.g. confiding relationships with an adult who develops and reinforces the child's sense of self worth (teacher, coach, religious leader, friend), school achievement or sporting success.

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<sup>2</sup> NICE antenatal & postnatal mental health guideline no.45, 2007

<sup>3</sup> Raftery et al Health Needs Assessment 2003

<sup>4</sup> National institute for mental health England Making it possible

## **5. Violence and abuse prevention**

- Violence prevention and protective skill training to prevent abuse and reduce the risk of re abuse – particularly for vulnerable groups. Professionals working with children should be trained to identify abuse and refer appropriately (Childhood abuse is a strong risk factor for mental health disorders).

## **6. Interventions for conduct disorders**

- Parenting programmes for conduct disorders in children and for young offenders in line with NICE guidance<sup>5</sup>
- Community based interventions to reduce substance misuse in vulnerable young people<sup>6</sup>

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5 NICE 2006  
6 NICE 2007

## Policy, Guidance, Legislation and Research

### Policy Guidance

This strategy has been shaped by a number of Government initiatives and by some important national research.

- Every Child Matters
- National CAMHS Review
- Healthy Lives, Brighter Future – The Child health Strategy
- NHS National Service Framework (NSF for Children, Young People and Maternity Services)
- Choosing Health
- PSA Delivery Agreement 12: Improve the health and wellbeing of children and young people
- PSA Delivery Agreement 14: Increase the number of children and young people on the path to success
- National Indicator 51 – Effectiveness of Child and Adolescent Mental Health (CAMHS) Services

Further details are contained within Appendix 2.

### Research Findings

Many of the proposals in the plan are strongly influenced by the findings of recent research. This includes a recent report by the Mental Health Foundation, based on consultation with young people,<sup>7</sup> which recommended that:

Services for young people must be person centred, holistic and inclusive. They need to use a range of approaches derived from the evidence and from what young people say works, including mainstream health and social care interventions, but also interventions centred, for example, around arts, creativity, leisure, participation, sport, education and spirituality.

Although specialist services are required for complex or serious mental health issues, the basic service model for young people needs fundamental change. Access to services should be possible whatever the entry point. Services must be able to integrate their response to differing needs (e.g. mental health, sexual health and housing) at the point of entry, which will usually be in a non-mental health setting. Staff should be able actively to support young people to navigate the system and address their needs without labelling or stigmatising the response.

Research with children and young people indicates that the things which have the biggest impact on their emotional wellbeing are:

- Having people to talk to
- Personal achievement
- Being praised
- Generally feeling positive about oneself
- Positive activities outside school
- Peer Support and having friends

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<sup>7</sup> Listen up! Person-centred approaches to help young people experiencing mental health and emotional problems Mental health foundation 2007

A telephone survey was used to investigate reasons for children not being in contact with services for those who reported significant mental disorders at both surveys. Commonest reasons were:

- Parents feeling they would be branded a failure (29%)
- Parents not knowing where to go for help with these problems (17%)
- Parents thinking interventions would either not help or make things worse (12%)

### **Local Priorities**

A number of existing and planned local strategies support the improvement of the mental health of children and young people including:

- Kingston's Prevention Strategy: Closing the Gap
- The Children and Young People's Plan
- The Participation Strategy
- The Parenting Strategy

Some of the targets in the prevention strategy are:

- Increase the number of vulnerable parents who benefit from family support and other parenting advice and guidance
- All primary schools and 80 per cent of secondary schools implementing the Social and Emotional Aspects of Learning programme by 2012
- Increase the number of vulnerable young people engaged in positive activities and volunteering

## Needs Assessment and Gap Analysis

A comprehensive needs assessment for child and adolescent mental health in Kingston includes:

- Local epidemiological information on prevalence, based on recommendations/requirement in NSF relating to children's Mental Health needs
- Assessment of needs of particular groups of children and young people who are at risk or are vulnerable
- Service activity and funding - audit of services currently provided both directly and indirectly
- Analysis of current service usage
- The mapping against available evidence of efficacy and effectiveness of interventions and service models (NSF markers of best practise)

### **The main themes emerging from all the analysis of the data are:**

#### **Current services and good practice**

Kingston is performing well in the majority of areas including:

#### **Mental health promotion and early intervention**

- Multi agency training was provided to all frontline staff and FASS have a rolling programme of training for frontline staff.
- SEAL
- Healthy schools
- FASS uses a consultation model to maximise the skills of those working at Tier 1 and to increase the number of children who can benefit from the service; this increases help offered to those who would not access other types of service.

#### **Access and Location of Services**

- Developing more flexible ways of working to suit families including providing outreach to some groups, out of hour's appointments in Eating Disorders clinic, consultation focussed work and working with Children's Centres
- The 'care programme approach' is fully implemented so that when children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured

#### **Black and Minority Ethnic Groups**

- Training has been provided to ensure staff working within CAMHS are sensitive to the particular needs of children and young people from different black and minority ethnic groups

#### **User Involvement**

- Work is being developed with user feedback and training on participation and Young MINDS has been commissioned to further develop user involvement.

## **Emergency Admission to Tier 4 Services**

- Excellent Assertive outreach team ensures there is provision of a range of services so that children and young people are not inappropriately admitted to in-patient units.

## **Services for Young People of Sixteen and Seventeen Years of Age**

- Children and young people are very rarely admitted to adult wards
- Good transition protocols are in place for most conditions

## **Partnership Working**

- Targeted services offer considerable support to children and young people with significant behavioural difficulties ('conduct disorder'), who are at risk of exclusion from school
- CAMHS support and individual counsellors are provided for the Pupil Referral Units
- The targeted services have all been designed to meet specific needs seen as high priority such as Youth Justice Board targets, the mental health needs of children in care (promoting placement stability) and the high levels of need in families with ill and disabled children.
- An early Intervention teams is in place for young people with a first-episode psychosis
- Tier 4 CAMHS work in collaboration with specialist education, social care and youth justice provision to provide a network of services for children and young people with severe, challenging and complex problems through the Adolescent and Assertive Outreach Team (AAOT)
- Substance Misuse Nurse in CAMHS
- Designated deliberate self harm worker
- Counsellor in looked after children's service

## **Evidence-Based Practice**

- Cognitive Behavioural Therapy (CBT) training and supervision is in place to ensure CBT is used in line with NICE guidelines

## **Measuring Outcomes**

- A range of outcome measures are currently used across all services.

## **Developing Tier 3 Services**

- FACT redesigned their service in 2007 so there are no waiting lists, interventions are offered in line with NICE guidance and assessments use validated and well respected tools; the team has a strong record of minimising hospital admissions particularly with a high quality Eating Disorder Clinic including a dietician

## Gaps in Provision

There are however gaps where the need for further work has been identified. These are:

- A lack of sustainable and robust structures for user involvement
- Some gaps in training of frontline staff in mental health awareness, in particular teachers and GPs, and follow up support after training
- No assessment/ mapping of the various counselling services provided in schools, uptake etc and protocols to co-ordinate these with other tier 2 services
- Engagement with black and minority ethnic groups including asylum seekers
- Support for young carers and people witnessing domestic violence
- Substance misuse not being seen as core part of role by all CAMHS staff
- Mental health services being hard to access and perceived as stigmatising by some young people and families
- Co-ordinated support for children with learning disabilities
- Support for foster carers to enable them to promote children's mental health
- The needs of children and young people with complex, severe and persistent behavioural and mental health needs are not consistently being met through a multi-agency approach
- Meeting the wider needs e.g. educational needs of children and young people with mental health problems
- Collaborative arrangements with Kingston hospital paediatric unit
- The provision of social work support for all in-patient settings
- No child specific continuing care protocol
- Different outcome measure being used by different services
- Limited capacity in the Youth Offending Service to continue to meet screening, assessment and referral target timescales and to provide a fully integrated response to young offenders with emerging or significant mental health needs

## Appendix 1: What Impacts on Mental Health?

It is possible to identify factors that impact on child mental health:

- Risk factors are those that increase the child's probability of developing a problem
- Resilience Factors are those that protect the child from developing a problem

Resilience is considered to involve a child's:

- sense of self-esteem and confidence
- belief in one's own self-efficacy
- ability to deal with change and adaptation
- repertoire of social problem solving approaches

<p><b>Child-based Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Specific learning difficulties</li> <li>• Communication difficulties</li> <li>• Genetic Influence</li> <li>• Difficult Temperament</li> <li>• Physical illness especially if chronic and/or neurological</li> <li>• Academic failure</li> <li>• Low self-esteem</li> </ul>	<p><b>Child-based Resilience Factors</b></p> <ul style="list-style-type: none"> <li>• Secure early relationships</li> <li>• Being female</li> <li>• Higher intelligence</li> <li>• Easy temperament when an infant</li> <li>• Positive attitude</li> <li>• Good communication skills</li> <li>• Planner, belief in control</li> <li>• Humour</li> <li>• Religious faith</li> <li>• Capacity to reflect</li> </ul>
<p><b>Family-based Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Overt parental conflict</li> <li>• Family breakdown</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile or rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual or emotional abuse</li> <li>• Parental Psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	<p><b>Family-based Resilience Factors</b></p> <ul style="list-style-type: none"> <li>• At least on good parent-child relationship</li> <li>• Affection</li> <li>• Clear, firm and consistent discipline</li> <li>• Support for education</li> <li>• Supportive long-term relationship/ absence of severe discord</li> </ul>
<p><b>Community-based Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster</li> <li>• Discrimination</li> <li>• Other significant life events</li> </ul>	<p><b>Community-based Resilience Factors</b></p> <ul style="list-style-type: none"> <li>• Wider support network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Schools with strong academic and non-academic opportunities</li> <li>• Range of positive sport/ leisure activities</li> </ul>

## Persistence of Mental Disorders

A survey by the ONS survey found that persistence of conduct disorders was associated with several child, family, social and household characteristics which are listed in table 1.

**Table 1: Proportion of children having persistent conduct disorder at three years by risk factor.**

Risk Factor	% of children with persistent disorder
Mothers psychological well-being poor over three years	60%
Family functioning poor	60%
Parents widowed, divorced or separated	54%
Special Educational Needs	51%
Living in rented accommodation	50%
Child frequently shouted at	49%
Gross family income below £300 a week	48%
Mothers psychological well-being became worse	47%
Parents single or married	40%
Gross family income above £300 a week	34%
Child not frequently shouted at	34%
Parents own properties	31%
Mothers psychological well-being good	30%

Many of these are inter-related, but three independent predictors were the child having special educational needs, mother's mental health and whether the child was frequently shouted at.

## Incidence of Mental Disorders

The same study also looked at the occurrence of new cases in children who had not had a mental disorder at the time of the first study. Overall 4% of children developed new mental disorders in the three years.

New emotional disorders were commoner in older children than younger – 5% in 13-15 year olds compared to 3% in 5-7 year olds. New disorders were commoner in:

- children with a physical illness
- with special educational needs
- families / carers who had gone from having two parents to having one over the three years
- families / carers with step children,
- households with no working parent,
- where mothers had high psychological distress
- Families / carers with two or more stressful life events

New conduct disorders were commoner in:

- boys (5% v's 2% in girls)
- older children (11% in 11-12 year olds v's 2% in 5-7 year olds)
- children with special educational needs
- families / carers with step children
- households with no working parent
- where mothers had high psychological distress

- families / carers with two or more stressful life events
- frequent use of punishment regimes

## Self Harm

Deliberate self-harm among young people has increased dramatically over the past twenty years. One survey estimates that 1 in 10 young people self-harms at some point in their teenage years<sup>8</sup>.

Evidence indicates that four times as many girls than boys have direct experience of self-harm<sup>9</sup>, although boys may be more likely to conceal their emotional distress. Occasionally children as young as five to seven years old may attempt to harm themselves (often in the context of disagreements with parents), although it is more common for young people to begin self-harming around the age of twelve<sup>10</sup>. Research has shown that Asian women in England and Wales aged 15 to 35 are two to three times more vulnerable to self-harm than their non-Asian peers<sup>10</sup>.

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8 Samaritans and the Centre for Suicide Research, University of Oxford, 2002. *Youth and self-harm: Perspectives*. London: Samaritans.

9 Fox & Hawton, 2004 *Deliberate Self-harm in Adolescence*. London: Jessica Kingsley Publishers

10 Soni-Raleigh, 1996 Suicide patterns and trends in people of Indian subcontinent and Caribbean origin in England and Wales. *Ethnicity and Health* 1, 55-63.

## Appendix 2: Government Policy, Research and Evidence of Best Practice

### Every Child Matters

The Government published a Green Paper on Children's Services in 2002, called Every Child Matters. This was followed by the Children Act, which was implemented in November 2004. These followed extensive consultation with children and young people. Most significantly they include five outcomes, which children and young people said were most important to them, and which will be used to inspect and judge the effectiveness of local services. These outcomes are

- Being healthy: enjoying good physical and mental health and living a healthy lifestyle
- Staying safe: being protected from harm and neglect
- Enjoying and achieving: getting the most out of life and developing the skills for adulthood
- Making a positive contribution: being involved with the community and society and not engaging in anti-social or offending behaviour
- Economic well-being: not being prevented by economic disadvantage from achieving their full potential in life.

### NHS National Service Framework (NSF) for Children, Young People and Maternity Services<sup>11</sup>

Standard 9 entitled "The Mental Health and Psychological Well-being of Children and Young People" states that:

"All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders, should have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families".

All the Good Practice Recommendations in the NSF and those in the NSF progress report are listed in the mapping in appendix 8

### Choosing Health<sup>10</sup>

This recent Government White Paper on Public Health<sup>12</sup> sets out action to promote both healthy choices early in life and a supportive environment for children, young people and their families / carers. It recognises the need to narrow the gap between disadvantaged children and others and that certain groups such as children looked- after and those from black and minority ethnic communities often face more problems of health and well being than other children. It states the need for a broad based, preventative programme of support to improve emotional well-being and for services to work together in flexible ways to ensure that they are fully accessible. The role of children's centres, extended schools, health visitors, and school nurses are emphasised. It acknowledges that although there is a strong association between emotional problems in childhood and poor outcomes in adulthood, effective and timely interventions can reduce the incidence of serious health and social problems later in life

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11 National Service Framework for Children, Young People and Maternity Services Oct 2004 DOH

12 *Choosing Health, Making Health Choices Easier* DOH November 2004

## Healthy Lives, Brighter Futures – The Child Health Strategy

Published in 2009, the Child Health Strategy sets out the national priorities for improving children's health outcomes. It includes a clear priority to improve children's mental health and emotional well being. It highlights the importance of the Healthy Schools programme, the delivery of SEAL, anti-bullying programmes, and the national roll out of the Targeted Mental Health in Schools programme from 2010. More specific priorities are set out in the national CAMHS Review.

### **PSA Delivery Agreement 12: Improve the health and wellbeing of children and young people<sup>13</sup>**

This includes a Indicator 4: Emotional health and wellbeing, and child and adolescent mental health services (CAMHS)

For 2008/09, the Government will secure and maintain improvements in CAMHS by measuring the percentage of Primary Care Trusts (PCTs) and local authorities who together provide a comprehensive service for their area. Four proxy measures will be used:

- The development and delivery of CAMHS for children and young people with learning disabilities
- Appropriate accommodation and support for 16/17 year olds
- availability of 24 hour cover to meet urgent mental health needs
- Joint commissioning of early intervention support

From 2009 the intention is to replace these measures with an outcomes measure, currently being piloted, to enable CAMHS to measure the success of their work. In addition, throughout the CSR period, a broader measure of children's emotional well-being, gained through an analysis of a number of questions within the Tell Us 2 survey data will also be used.

It is expected that Primary Care Trusts and Local Authorities:

- Identify co-ordinated actions to promote mental health and early intervention in universal and mainstream services and develop more targeted support services, and CAMHS services, in Primary Care Trusts' local plans, the Children and Young People's Plan, and, as appropriate, the Local Area Agreement
- Commission comprehensive CAMHS through robust joint strategic needs analysis as part of their remit within the CAMHS Partnership Board
- Identify and address the needs of vulnerable groups such as children in care
- Performance manage delivery of community based and specialist CAMHS

Children's Centres:

- Engage vulnerable parents and support their emotional well-being
- identify and offer additional support for children displaying early signs of mental health problems, including early intervention group work and referral to more specialist services

Schools (including healthy schools and extended schools):

- All primary schools and 50 per cent of secondary schools implementing the Social and Emotional Aspects of Learning programme by 2012

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<sup>13</sup> National institute for mental health England Making it possible

- Promote children's emotional wellbeing and early intervention work for those children and young people at risk of experiencing mental health problems
- Increasing numbers of schools delivering school based mental health support

### **PSA Delivery Agreement 14: Increase the number of children and young people on the path to success**

This includes Indicator 2: More Participation in Positive Activities. Participating in high quality activities is a key element in improving the prospects of all young people, especially those from communities with a poor history of engagement, and the 25 per cent of young people who do not currently engage in any positive activities outside learning. Through participation, young people develop socially and emotionally, building communication skills and improving self confidence and esteem. This in turn increases their resilience, helping them avoid risks such as experimenting with drugs, having unprotected sex, or being involved in crime, as well as contributing to better attendance and higher attainment at school.

### **National Indicator 51 – Effectiveness of Child and Adolescent Mental Health (CAMHS) Services**

The 198 national indicators for English local authorities and local authority partnerships includes National Indicator 51 - effectiveness of child and adolescent mental health (CAMHS) Services.

Local Authorities and PCTs will be asked to rate the CAMHS service against the following measures:

1. As at 31 January 2009 was a full range of early intervention support services delivered in universal settings and through targeted services for children experiencing mental health problems commissioned by the Local Authority and PCT in partnership?
2. As at January 31 2009, do *16 and 17 year olds* from the Local Authority/ PCT area who require mental health services have access to services and accommodation appropriate to their age and level of maturity?
3. As at 31 January 2009, are arrangements in place for the Local Authority/ PCT area to ensure that *24 hour cover* is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated?
4. At January 31 2009, has a full range of CAMH services for children and young people with *learning disabilities* been commissioned for the Local Authority/PCT area?

The Department for Children, schools and Families are currently working to develop outcome measures for CAMHS from 2009 onwards.

## Research: The evidence of effectiveness of interventions for single disorders.

Mental health problem	Comments on treatments
Affective disorder	Some evidence of better outcome with cognitive behavioural therapy or medication. NICE guidelines being developed.
Anxiety disorder	Some evidence of better outcome with cognitive behavioural therapy or medication. NICE guidelines being developed.
Eating disorders	Nice guideline <sup>14</sup> anorexia nervosa should be managed on an outpatient basis with psychological treatment, bulimia nervosa evidence-based self-help, Cognitive behaviour therapy for bulimia nervosa
Attention deficit disorder	Stimulant therapy and behavioural therapy + treatment of co-morbidities which are frequent. Evidence based management guidance is available, and NICE guidelines
Autism	Intensive treatment of secondary behavioural problems, Speech and language therapy, social skills training, family support & education are effective. Individual psychotherapy seems ineffective. NICE guidelines in progress
Conduct disorder	<p>NICE<sup>15</sup> recommends group-based parent-training/education programmes in the management of children with conduct disorders. Individual-based programmes are only recommended where the family's needs are too complex for a group-based programme. All group-based and individual programmes should:</p> <ul style="list-style-type: none"> <li>• be based on principles of social learning theory</li> <li>• include ways of improving family relationships</li> <li>• offer enough sessions (usually between 8 and 12) to be as helpful as possible for those taking part</li> <li>• help parents to identify their own parenting goals</li> <li>• include role play during sessions and homework between sessions so that parents can apply what they have learnt to their own family's situation</li> <li>• be given by people who are suitably trained, skilled and supervised, who have access to any further training they may need, and who are able to work successfully with parents to help their children</li> <li>• follow the programme's instruction manual and use whatever resources are needed to ensure that the programme is followed consistently</li> </ul> <p>This advice only applies to the management of children with conduct disorders who are 12 years or younger, or who have a developmental age of 12 years or younger.</p>
Deliberate self Harm	<p>NICE priorities<sup>16</sup>:</p> <p><b>Respect, understanding and choice</b></p> <p><b>Staff training</b> (Clinical and non-clinical staff who have contact with people who self-harm in any setting)</p> <p><b>Activated charcoal</b> (for people who have self-harmed by poisoning)</p> <p><b>Triage Treatment:</b> for the physical consequences of self-harm; adequate anaesthesia and/or analgesia; full information about the treatment options.</p>

14 Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders Clinical Guideline 9 January 2004

15 NICE technology appraisal guidance 102 Parent-training/education programmes in the management of children with conduct disorders July 2006

16 Self-harm The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care NICE **Clinical Guideline 16** July 2004

	<p><b>Assessment of needs</b></p> <p><b>Assessment of risk</b></p> <p><b>Psychological, psychosocial and pharmacological interventions</b></p> <p>Following psychosocial assessment the decision about referral for further treatment and help should be based upon a comprehensive psychiatric, psychological and social assessment, including an assessment of risk,</p>
Depression	<p>NICE guidelines<sup>17</sup> recommend that:</p> <p>Healthcare professionals in primary care, schools and other relevant community settings should be trained to detect symptoms of depression. Antidepressant medication should not be used for the initial treatment. Psychological therapies by therapists who are also trained child and adolescent mental healthcare professionals, Attention should be paid to parents' own psychiatric problems. Moderate to severe depression first-line treatment, a specific psychological therapy (individual cognitive behavioural therapy [CBT], interpersonal therapy or shorter-term family therapy; it is suggested that this should be of at least 3 months' duration).</p>
Encopresis	Behavioural therapy effective.
Mental health problem secondary to sexual abuse	Often PTSD type reactions – see above. Multi-agency assessment of safety from harm, family therapy if child remains at home, behaviour therapy/psychotherapy to control anger
Nocturnal enuresis (bedwetting)	Alarm systems are effective. Behavioural therapy effective. NICE guidelines in progress
Obsessive compulsive disorder	<p>NICE guidelines<sup>18</sup>:</p> <ul style="list-style-type: none"> <li>- Cognitive behavioural therapy (CBT) including exposure and response prevention (ERP) should be offered as first line therapy for children, young people with mild to moderate OCD.</li> <li>- Drug treatments (selective serotonin re-uptake inhibitors (SSRIs)) should be offered as an alternative to CBT (including ERP) for patients with more severe OCD or who decline, or do not respond to, psychological treatments.</li> </ul>
Post Traumatic Stress Disorder	<ul style="list-style-type: none"> <li>- Trauma-focused CBT should be offered to older children with severe post-traumatic symptoms or with severe PTSD in the first month after the traumatic event.</li> <li>- Children and young people with PTSD, including those who have been sexually abused, should be offered a course of trauma-focused CBT adapted appropriately to suit their age, circumstances and level of development<sup>19</sup></li> </ul>
Sleep problems in pre school children	Simple behavioural therapy effective
Schizophrenia	Medication, early intervention. Family therapy reduces risk of relapse. NICE guideline <sup>20</sup> .
Tics	Behavioural treatment and or medication are effective

17 Depression in children and, young people, Identification and management in primary, community and secondary care NICE Clinical Guideline 28 Issue date: September 2005

18 NICE Clinical Guideline 31 **Obsessive-compulsive disorder**

19 NICE **Clinical Guideline 26** March 2005 – Post-traumatic stress disorder

20 NICE **Clinical Guideline 1** December 2002 **Schizophrenia**

## Appendix 3: Glossary

AAOT	Adolescent Assertive Outreach Team
ADHD	Attention Deficit hyperactivity Disorder
ASD	Autistic Spectrum Disorder
ASKK	Advancing Services for Kingston Kids
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behaviour Therapy
CDT	Corporate Development Team
CGAS	Child Global Assessment Scale
CMHT	Community Mental Health Team
EIS	Early Intervention Service
FACT	Family Adolescent and Child Team
FASS	Family Advice and Support Service
HoNoSCA	Health of the Nation Outcome Scales for Children and Adolescents
KCN	Kingston Carers Network
LAC	Looked After Children
MST	Multi Systemic Therapy
NSF	National Service Framework
OCD	Obsessive Compulsive Disorder
PSA	Public Service Agreement
PTSD	Post Traumatic Stress Disorder
SDQ	Strengths and Difficulties Questionnaire
SEAL	Social and Emotional Aspects of Learning
SEN	Special Educational Needs
SPAD	Strategic Partnership for Alcohol and Drugs
YOT	Youth Offending Team

